

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002179

1. Entity Name

VISION CONCEPT INTERNATIONAL, LLC

FILED

01 MAR 27 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7301 BROCKBANK DR.
ORLANDO FL 32809

Mailing Address

7301 BROCKBANK DR.
ORLANDO FL 32809

2. Principal Place of Business

6220 SOUTH O.B. TRAIL

Suite, Apt. #, etc.

160

City & State

ORLANDO, FL

Zip

32809

Country

U.S.A

3. Mailing Address

6220 SOUTH O.B. TRAIL

Suite, Apt. #, etc.

160

City & State

ORLANDO, FL

Zip

32809

Country

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3631940

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUMPHRIES, J. GREGORY

20 N. ORANGE AVE., STE. 1000

ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

PROSANNA PATNAIK

Street Address (P.O. Box Number is Not Acceptable)

7301

BROCKBANK DRIVE

City

ORLANDO

FL

Zip Code

32809

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

PROSANNA PATNAIK, SECRETARY

MARCH 12TH 2001

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME PRESIDENT
YANITHA HOLMES
STREET ADDRESS 14207 LUDGATE HILL LANE
CITY-ST-ZIP ORLANDO FL - 32828

☐ Delete

TITLE NAME VICE PRESIDENT
PROSANNA PATNAIK
STREET ADDRESS 7301, BROCKBANK DRIVE
CITY-ST-ZIP ORLANDO, FL - 32809

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
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CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
NAME 800003985568-1
STREET ADDRESS -04/11/01-01005-001
CITY-ST-ZIP *****55.00 *****55.00

☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

03/12/01

407-438-4700

0005785 AF

CR2E083 (11/00)